TRA		ORNIA EXPENSE CLAIM 93) (DHS Electronic)			See Ir State	structic ement O	ns and n Rever	*Privacu se Side	, .		Pa	age	_ 1	. of	2	
CLAIMANT'S NAME John C. Duncan						SSAN OR EMPLOYEE NUMBER DEPART						MENT Ustrial Relations				
POSITION CB/ID NUMBER					DIVISION OR BUREAU						striai	KEJATIO	ns MBER			
						Director's Office										
									A	222	10+5.7	C1	TELEPHO	VE NUMBER		
C STATE					ODE	455 Golden Gate Avenue, 1						rı.	STATE ZIP CODE		CODE	
CA CA					San Franci		 				CA	94	102			
		(3)	(4)	(5)	MESS	, 0.T., L/T,	(6)	(7) (A)	(B)		ISPURTAT		(D)	(8)	(9)	
3	2009	LOCATION			ľ	N/C,	INCIDEN-			C/	(C) ARFARE		E:CAR USE	BUSINESS		
(2) DATE	TIME	WHERE EXPENSES WERE INCURRED	LODGING	BREAK- FAST	LUNCH	RELO, OR		COST OF	USED		rolls Arking	L	AMOUNT	EXPENSE	EXPENSES FOR DAY	
- 3	0700	Tiburon to Sacramento;							PC	,	24.50					
	2000	return								Τ	4.00	184	101.20		129.70	
9	0800	Tiburon to Sacramento;							PC	Р	20.00					
	2000	return					ļ			T	4.00	184	101.20		125.20	
11	1800	Tiburon to Sacramento;						<u> </u>	PC	P	12.00	404	454.50			
		Tiburon to Sacramento to				<u> </u>	 		PC	P	4.00 19.50	184	101.20		117,20	
12	1500	San Francisco							FU	T	4.00	179	98.45		121.95	
	0700	Tiburon to Sacramento;					 		PC	P	20.00	170	20.40		121.50	
16	1900	return	!			ļ ·				T	4.00	184	101.20		125.20	
17	1500	San Francisco to Fresno;														
	1500	return (3/18)	94.08									L			94.08	
19		San Francisco to Oakland							PC	Р	35.00					
		Airport; to Los Angeles	125.43								1,74 (1)	21	11.55		171.98	
20		Los Angeles to Oakland Airport to San Francisco			40.00				PC	P,	34.00				,	
	0700	Tiburon to Sacramento:			10.00		ļ		PC	P	4.00	21	11.55		59.55	
23	1900	return							PU	T	20.00 4.00	184	101.20		125.20	
	0700	Tiburon to Sacramento:							PC	P	20.00	104	101.20		125.20	
24	1900	return								T	4.00	184	101.20		125.20	
25	0700	Tiburon to Sacramento;				-			PC	Р	17.00					
	1900	return							4.	Τ	4.00	184	101.20		122.20	
26	1100	San Francisco to Oakland				5.			·PC.	Р.	12.00		1 to 14 A	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	7.37	
(10)									11.15			16	8,80		20.80	
		OTALS	219.51		10.00	1.	† .	#REF!			270.00	1525	838.75	#REF!	1338.26	
COL	UMN C	ODE (ACCTG USE ONLY)								###						
	CLAIM TOTAL										1525		\$1,3	38.26		
(11)	PURPO	SE OF TRIP, REMARKS, AND DI	TAILS (Att	ach receir	ts/vouche	ers when r	equired)					(12) NO	RMAL WOF	K HOURS		
3/9	Prese	ded meeting at LWDA; matation: Officers/Board of	Ig. W/Ie	gislative	Wine Ir	er; woi	ked fro	m Sacr	amen	ito L	IR offi	F	- F			
3/1	i: Pres	entation: St.Building & C	onstructio	on Trad	es Cou	ncil of∉0	CA wo	rked fro	sm S	ac I	DIR off	(13) PR	IVATE VEHI	CLE LICENS	E NUMBER	
3/1:	د:Atten	ded meetings at LWDA:	State Cor	npensat	ion Ins	urance]	Board n	neeting	in S.	F.						
3/16: Presentation: CA Labor CALSTARS CODING Federation Legislative Conference FY INDEX OBJ AG PCA #REF! PROJ-WF								0.114/5	اسلام	OL.AT						
3/1	7-18-P	Legislative Conference	FY	INDEX	OBJ	AG	PCA	. #	KEF!	PR	OJ-WP		\$1	0.550		
pre	ention	kick-off, Fresno								-		MOP	ievane.	DUNTING	SOBERE!	
3/19)-20: A	ttended IFDM Advisory										USE	ONLY			
Committee mtg., Los Angeles (15) I HEREBY CERTIFY That the above statement is a true statement of the travel expenses incurred by m with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mile minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claims requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle s											PAID B	Y REVOLVII	NG FUND CH	ECK NO.		
(10) y	h DPA n	les in the service of the State of	ient is a trui California.	stateme lf a private	nt of the to	avel expe i vehicle v	nses incu vas used,	med by m and if mile	e in ac eage r	corda ates	exceed		•			
mi re	initionel	its as prescribed by SAM Section	ung the veh s 0750, 075	icle was 6 51, 0752,	equal to o 0753, and	r greater t i 0754 pe	nan the n naining to	ate claime vehicle s	d, and afety a	that and s	l have eat belt				1	
		CLATAINE	100			(16) SIGN	ATURE C	FEICER A	PPRO	VING	TRAVELR	PAYMER	The Section			
Sec. 1.																

TR/		EXPENSE CLAIM	•	•	See Ir State	structio ement Oi	ns and n Rever	*Privacy se Side	,		Pa	ge .	2	of	2	
STD 262 (REV 6/93) (DHS Electronic) CLAIMANT'S NAME John C. Duncan POSITION					CB/ID NUMBER		Division or Bureau Director's Office						Relations			
						HEADQUARTERS ADDRESS 455 Golden Gate Avenue, 10th										
STATE CA						San Francisco,							CA ZIP COE		102	
(2) DATE	2009	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4)	BREAK- FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER	(6) INCIDEN- TALS	(7) (A) COST OF TRANS	(B)	CA 7	SPORTAT (C) REFARE OLLS ARKING	PRIVAT	(D) E CAR USE AMOUNT	(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
.27	0700	Tiburon to Sacramento;							PC	P	12.00 4.00	184	*******			
	1800	return				<u></u>					4.00	104	101.20		117.20	
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(10)	SUBT	OTALS		<u> </u>							16.00	184	101.20		1455.46	
COL		ODE (ACCTG USE ONLY)								Χ						
73.70	CLAIM TOTAL (11) PURPOSE OF TRIP, REMARKS, AND DETAILS (Attach receipts/vouchers when required)										w	184 \$1,455.46 (12) NORMAL WORK HOURS				
(11)						• •						(12) NC	RMAL WOI	RK HOURS		
$\frac{3/2}{3/2}$	3/23: Meeting w/state legislator; worked from Sacramento DIR office 3/24: Presentation: CA Trucking Assoc. Policy Conference; worked from Sacramento DIR office 3/25: Meeting w/LWDA Acting Secretary; meeting at Office of the Insurance Advisor/General												(13) PRIVATE VEHICLE LICENSE NUMBER			
3/2																
Council, State&Consumer Srvs; meetings w/state legislators; worked from Sacramento DIR office 3/26:Interview of applicants: DWC CALSTARS CODING (14) MILEAGE RATE CLAIMED																
Medic	Medical Director FY INDEX OBJ AG PCA #REF! F 3/27: Worked from DIR Sacramento								PR	ROJ-WP \$0.550 AGENOX ACCOUNTING GEGIST						
	office												PAID BY REVOLVING FUND CHECK NO.			
(15) w	HEREB	Y CERTIFY That the above state ules in the service of the State or ate, I certify that the cost of oper its as prescribed by SAM Section	ment is a tru	e stateme	ent of the tely owne	travel expe	enses inc	urred by m	ne in acide	cord	ance exceed					
re	quiremen	ate, i cently that the cost of oper its as prescribed by SAM Sectio	ns 0750, 07	51, 0752.	egual to (0753, ar NTE	or greater od 0754 pe (16) SIGI	ertaining t	o vehicle	satety Apppo	and s	eat beit	PAYMEN	JT	. D	ATE	